

2006 NOT-FOR-PROFIT CORPORATION REPORT

FILED
Jan 17, 2006 8:00 am
Secretary of State

01-17-2006 90257 003 ****61.25

DOCUMENT # 719964 1. Entity Name CHATEAU PELHAM APARTMENTS, INC., NO. 1,					
Principal Place of Business 3575 GULF BLVD. ST. PETE BEACH, FL 33706 US			Mailing Address 251 S. ISLE DR. ST. PETE BEACH, FL 33706 US		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1557775	
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GERMAN, RICHARD W 251 S. ISLE DR. ST. PETE BEACH, FL 33706 727-360-9834				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when restate.) DATE					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GERMAN, KARALEE T 251 S. ISLE DRIVE SAINT PETERSBURG BEACH, FL 33706	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV BROWN, SUZANNE 3575 GULF BLVD #201 ST PETE BCH FL 33706	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HAMMOND, WILLIAM J 3575 GULF BLVD #102 SAINT PETERSBURG BEACH, FL 33706	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST FASSO, JOHN 3575 GULF BLVD #207 ST PETE BCH FL 33706	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GERMAN, RICHARD 251 S ISLE DR ST PETERSBURG BCH, FL 33706	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST FASSO, JOHN 3575 GULF BLVD #207 ST PETE BCH FL 33706	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS FASSO, JOHN 3575 GULF BLVD. # 207 SAINT PETERSBURG, FL 33706	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST FASSO, JOHN 3575 GULF BLVD #207 ST PETE BCH FL 33706	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOCKERY, JUDY 3575 GULF BLVD #303 SAINT PETERSBURG, FL 33706	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST FASSO, JOHN 3575 GULF BLVD #207 ST PETE BCH FL 33706	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOCKERY, JUDY 3575 GULF BLVD #303 SAINT PETERSBURG, FL 33706	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST FASSO, JOHN 3575 GULF BLVD #207 ST PETE BCH FL 33706	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOCKERY, JUDY 3575 GULF BLVD #303 SAINT PETERSBURG, FL 33706	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST FASSO, JOHN 3575 GULF BLVD #207 ST PETE BCH FL 33706	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>WILLIAM J. HAMMOND</u> 1-12-2006 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

WILLIAM J. HAMMOND, PRES.

MAILED 1-13-06